CERTIFICATION UNDER 37 CFR §1.10

by certify that this New Application and the documents referred to as enclosed herein are being deposited with the 8/15/18 , in an envelope bearing "Express Mail Post Office States Postal Service on this date To Addressee" Mailing Label Number <u>EEAAAGINAY US</u> Commissioner of Patents and Trademarks, Washington, D.C. 20231. addressed to: Box Patent Application, Honorable

Ned Hoffman (Name of person mailing paper)

Veristar, Inc. 727 Allston Way Berkeley, California 94710 510-843-3077

Honorable Commissioner of Patents and Trademarks **BOX PATENT APPLICATION** Washington, D.C. 20231

Attorney's Docket No. STA- 25

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Inventor(s): Veristar Corporation.

A System and Method For Tokenless Biometric Authorization of Electronic Communications

Enclosed are:

Sir:

The papers required for a filing date under CFR §1.53(b):

[X] 13 Pages of specification (including 62 claim(s));

Sheets of drawings.

formal

[X] informal

- [X] Declaration or Oath
- Power of Attorney
- [X] Assignment + cover sheet
- 5. [X] Fee Calculation
 - Amendment changing number of claims or deleting multiple dependencies is enclosed.

CLAIMS AS FILED

	Number Filed	Number Extra	Rate	Basic Fee \$760.
Total Claims	62-20	42	42 X \$18.	\$ 756
Independent Claims	2	0	X \$78.	\$ 0
Multiple dependent	· · · · · · · · · · · · · · · · · · ·		X \$260.	\$ 0
Claims				
Filing Fee Total				\$ 1516

6.	[X]	Small Entity Statement - verified statement enclosed 50% Filing Fee Reduction (if applicable) \$\frac{758.00}{200}\$				
7.	[X]	Other Fees [X] Recording Assignment [\$40.00] \$ 40.00				
		[X] Other fees Specify				
		Total Fees Enclosed				
8.	Payment	Payment of Fees				
	[X] []	Check(s) in the amount of \$ _798.00. , is enclosed. Charge Account No in the amount of \$ A duplicate of this transmittal is attached.				
	[X]	The Commissioner is hereby authorized to charge any additional fees (or credit any overpayment) associated with the communication and which may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 19-2551. A duplicate sheet is attached.				
10 <u>1</u>	0	Information Disclosure Statement				
	[X]	Return Receipt Postcard				
12	[X].	Other: Specify Certification Under 37 CFR 3.73(B)				
** dan 1 ** # ** # ** ** ** ** ** ** ** ** ** **	[X] ,	By: Mame: Philip D. Lapsley Chief Financial Officer Verustar, Inc.				
And And	Dated: _	Chief Financial Officer Verustar, Inc.				
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